

DEPARTMENT OF CHILDREN AND FAMILY SERVICES TIME ENTRY SIGN-IN SHEET

Revised 07/2015

OFFICE / SECTION _____

PAY PERIOD # AND DATES _____

PERSONNEL AREA / COST CENTER

	M		T		W		T		F		S	SU		M	T	W	T	F	S	SU				EMPLOYEE CERTIFY/INITIAL	TIME ADMIN ENTRY ONLY	PRIOR PERIOD ADJUSTMENT COMMENTS
OUT/ RETURN																										
LEAVE TAKEN / OT EARNED																										
OUT/ RETURN																										
LEAVE TAKEN / OT EARNED																										
OUT/ RETURN																										
LEAVE TAKEN / OT EARNED																										

EMPLOYEES SHALL NOT CERTIFY PRIOR TO THE PAYPERIOD ENDING

I HEREBY CERTIFY THAT THE EMPLOYEE IDENTIFIED HEREON WAS ASSIGFNEED OFFICIAL DUTIES DURING THE HOURS INDICATED AND THAT HE/SHE WAS ON LEAVE AS SHOWN ABOVE AND AS SUPPORTED BY ATTACHED LEAVE SLIPS AND/OR MEMORANDA.

APPROVED _____ TITLE _____ DATE _____